



Hospital Fiscal Report
State Form 49520 (R2 /7-02)
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST VINCENT HOSPITAL & HEALTH SERVICES (INDIANAPOLIS)

City of Hospital: Indianapolis

Year Begin: 07/01/2020 (mm/dd/yyyy format)

Year End: 06/30/2021 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-0084

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$2715408364
Outpatient Patient Service Revenue	\$1544702513
Total Gross Patient Service Revenue	\$4260110877

2. Deductions From Revenue

Contractual Allowance	\$2880846637
Other Deductions	\$50890348
Total Deductions	\$2931736985

3. Total Operating Revenue

Net Patient Service Revenue	\$1286916101
Other Operating Revenue	\$109469090
Total Operating Revenue	\$1396385191

4. Operating Expenses

Salaries and Wages	\$276813180	Employee Benefits	\$73080205
Depreciation and Amortization	\$38941716	Interest Expense	\$4984267
Bad Debt	\$41457790	Other Expenses	\$655184009
Total Operating Expenses	\$1090461167		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$347376999	Total Assets	\$655620400
Net Non-operating Gains over Loss	\$-996308	Total Liabilities	\$603991677

Total Net Gains	\$346380691
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1789793287	\$1423278770	\$366514517
Medicaid	\$978704443	\$742052868	\$236651575
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$1491613147	\$766405347	\$725207800
Total	\$4260110877	\$2931736985	\$1328373892

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$809165	\$501066	\$308099

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$19984070	\$-19984070
Hospital Patients	\$0	\$418915	\$-418915
Community Education	\$0	\$2110966	\$-2110966

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	28847
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$64182832
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$14491459	
HCI Payments	\$0		
Subtotal	\$0	\$14491459	\$-14491459
Medicaid Shortfalls	\$231238008	\$270771937	
Subtotal	\$231238008	\$285263396	\$-54025388
DSH Payments	\$9,609,665		
Subtotal	\$240847673	\$285263396	\$-44415723
Medicare Shortfalls	\$365494194	\$404106746	
Other Government Programs	\$0	\$0	
Total	\$606341867	\$689370142	\$-83028275

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$3609042	\$-3609042
Community Assessment	\$0	\$20879095	\$-20879095
Provision of Taxes	\$0	\$49796101	\$-49796101
Other Allocations	\$0	\$0	\$0

Comments

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